

PARTNERSHIP, ASSOCIATION, LIMITED PARTNERSHIP, REGISTERED LIMITED PARTNERSHIP,  
REGISTERED LIMITED LIABILITY COMPANY OR CORPORATION  
W.S. § 16-6-101(a)(i)(B)

AFFIDAVIT:

State of \_\_\_\_\_  
County of \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
Name of Partnership, Association, Limited Partnership, Registered Limited Partnership,  
Registered Limited Liability Company or Corporation **(Please circle one)**  
doing business as \_\_\_\_\_  
Name of DBA  
of \_\_\_\_\_  
Wyoming Business Street Address  
City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
with a mailing address of \_\_\_\_\_  
Address City/State/Zip Telephone Number

being duly sworn, deposes and says that each member or shareholder of the partnership, association, limited partnership, registered limited partnership, registered limited liability company or corporation has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal.

Please Indicate Type of Business (check all that apply):  
Erection \_\_\_\_\_ Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_

**Note:** This office does not certify resident suppliers or consultants.

**LIST ALL PARTNERS, MEMBERS OR SHAREHOLDERS OF THE PARTNERSHIP, ASSOCIATION, LIMITED PARTNERSHIP, REGISTERED LIMITED PARTNERSHIP, REGISTERED LIMITED LIABILITY COMPANY, OR CORPORATION. IF MORE THAN TWO, YOU WILL NEED TO ATTACH AN ADDITIONAL NOTARIZED LIST.**

1. Name: \_\_\_\_\_  
Permanent Home Street Address: \_\_\_\_\_  
Address City/State/Zip  
Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_  
WY Driver’s License No.: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Permanent Home Street Address: \_\_\_\_\_  
Address City/State/Zip  
Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_  
WY Driver’s License No.: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**Note:** PLEASE PROVIDE A PHOTOCOPY OF EACH PARTNER’S, MEMBER’S OR SHAREHOLDER’S DRIVER’S LICENSE. IF THE LICENSE HAS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

_____	_____
Title	Title
Sworn to before me on this ____ day of _____, 20____.	Sworn to before me on this ____ day of _____, 20____.
_____	_____
Notary Public	Notary Public